IPDR6702				NORTH CAROLINA		PAGE	: 1	
	02/10/2008		IPRS	CHECKWRITE SUMMARY REPORT		FAGE	•	
			CE	ECKWRITE DATE: 02/12/2008				
				FINANCIAL PAYER: NCDMH				
							TOTAL	TOTAL
PROVIDER NUMBER	PROVIDER NAME	HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC DENIALS	TOTAL DENIALS	CLAIMS FINALIZED	CLAIMS
	THOVEDAK MANA				Distriction	DIMINIO	TIMULUU	TALD
3404901	SMOKY MOUNTAINM	23	17	SERVICE REQUIRES PRIOR APPROVA				
	H/DD/SAS							
		0	0		0	17	17	0
3404904	WESTERN HIGHLAN	191	11	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME				
	DS LME			H PALLENT NAME				
		8599	9	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND	0	24	2422	2398
				BENEFIT PACKAGE.				
		21	4	DUPLICATE OF CLAIM-SYSTEM				
		21	7	DOPLICATE OF CLAIM-SISTEM				
3404910	DAMINIANO.	8505	245	CLAIM DENIED DUE TO INSUFFICIE				
	PATHWAYS			NT BUDGET				
		8800	87	FURTHER PROCESSING NECESSARY,	0	462	4924	4462
				PLEASE CHECK FOR CLAIM ON	Ů	702	1,724	1132
	1			FUTURE RA'S.				
		8599	50	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
				BENEFIT PACKAGE.				
3404912	CATAWBA COUNTYM	120	96	CLIENT ID NUMBER MISSING OR IN				
	ENTAL HEALT			VALID. ENTER CID AND SUBMIT AS A NEW CLAIM				
				AND A MAIN CARACT				
		8537	77	PROCEDURE IS NOT PAYABLE FOR Y	0	267	2705	2438
				OUR PROVIDER TYPE AND SPECIALTY IN ACCORDANCE TO MEN				
		8326	56	ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON				
				THIS CLAIM OR THE NPI SUBMITTE				
3404913	MECKLENBURG COM ENTAL HEALT	8505	2274	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
	MINI IMALI							
		8800	936	FURTHER PROCESSING NECESSARY,				
		0000	550	PLEASE CHECK FOR CLAIM ON	0	4433	4449	16
				FUTURE RA'S.				
		8326	812	ATTENDING PROVIDER NUMBER WAS				
				NOT SUBMITTED ON				
				THIS CLAIM OR THE NPI SUBMITTE				
3404916	CROSSROADS BEHA	8505	8625	CLAIM DENIED DUE TO INSUFFICIE				
	VIORAL HEAL			NT BUDGET				
		3411	474	PROVIDER TYPE AND SPECIALTY 07	0	9755	10084	329
				4/113 CANNOT BILL ENHANCED BENEFIT SERVICES ON OR AFTER D				
				DERVICES ON OR AFIER D				
		8800	462	FURTHER PROCESSING NECESSARY,				
		+		PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
		<u> </u>						
3404917	animannorium	8599	111	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND				
	CENTERPOINT HUM					1		
	AN SERVICES			BENEFIT PACKAGE.				
				BENEFIT PACKAGE.				
		8505	94	BENEFIT PACKAGE. CLAIM DENIED DUE TO INSUFFICIE	0	325	7887	7562
		8505	94	BENEFIT PACKAGE.	0	325	7887	7562
				RENEFIT PACKAGE. CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	0	325	7887	7562
		8505 143	94	BENEFIT PACKAGE. CLAIM DENIED DUE TO INSUFFICIE NT BUDGET CLIENT ID NUMBER NOT ON STATE	0	325	7887	7562
				RENEFIT PACKAGE. CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	0	325	7887	7562
	AN SERVICES	143	39	BENEFIT PACKAGE. CLAIM DENIED DUE TO INSUFFICIE NT BUDGET CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE	0	325	7887	7562
3404919	AN SERVICES GUILFORD CO MEN			BENEFIT PACKAGE. CLAIM DENIED DUE TO INSUFFICIE NT BUDGET CLIENT ID NUMBER NOT ON STATE	0	325	7887	7562
3404919	AN SERVICES	143	39	RENEFIT PACKAGE. CLAIM DENIED DUE TO INSUFFICIE NT BUDGET CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE CLAIM DENIED DUE TO INSUFFICIE	0	325	7887	7562
3404919	AN SERVICES GUILFORD CO MEN	143	39 5763	RENEFIT PACKAGE. CLAIM DENIED DUE TO INSUFFICIE NT BUDGET CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
3404919	AN SERVICES GUILFORD CO MEN	143	39	RENEFIT PACKAGE. CLAIM DENIED DUE TO INSUFFICIE NT BUDGET CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE CLAIM DENIED DUE TO INSUFFICIE	0		7887	75622
3404919	AN SERVICES GUILFORD CO MEN	143	39 5763	BENEFIT PACKAGE. CLAIM DENIED DUE TO INSUFFICIE NT BUDGET CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE CLAIM DENIED DUE TO INSUFFICIE WT BUDGET FURTHER PROCESSING NECESSARY,				
3404919	AN SERVICES GUILFORD CO MEN	143 8505	39 5763 938	BENEFIT PACKAGE. CLAIM DENIED DUE TO INSUFFICIE NT BUDGET CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE CLAIM DENIED DUE TO INSUFFICIE NT BUDGET FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
3404919	AN SERVICES GUILFORD CO MEN	143	39 5763	RENEFIT PACKAGE. CLAIM DENIED DUE TO INSUFFICIE NT BUDGET CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE CLAIM DENIED DUE TO INSUFFICIE NT BUDGET FURTHER PROCESSING NECESSARY, FLEASE CHECK FOR CLAIM ON				
3404919	AN SERVICES GUILFORD CO MEN	143 8505	39 5763 938	BENEFIT PACKAGE. CLAIM DENIED DUE TO INSUFFICIE NT BUDGET CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE CLAIM DENIED DUE TO INSUFFICIE NT BUDGET FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				

PROVIDER	1						TOTAL	TOTAL
		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404920	ALAMANCE CASWEL	5404	20	SEVERE DUPLICATE: SAME ATTO PR				
	L AREA MH D			OV/PCODE/TOS/DOS/MOD				
		79	17	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING	0	42	509	467
				PROVIDER TYPE AND SPECIALTY IN				
				TROVIDIR TITE AND DIRECTION IN				
		191	3	CLIENT ID NUMBER DOES NOT MATC				
				H PATIENT NAME				
3404921	ORANGE PERSON C	11	72	CLIENT NOT ELIGIBLE ON SERVICE				
	HATHAM AREA			DATE				
		8505	54	CLAIM DENIED DUE TO INSUFFICIE				
		8303	24	NT BUDGET	0	232	2284	2052
				N DODGET				
		8599	45	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404922	THE DURHAM CENT	8505	281	CLAIM DENIED DUE TO INSUFFICIE				
	ER			NT BUDGET				
	+	8800	107	FURTHER PROCESSING NECESSARY,	0	388	403	15
		+	1	PLEASE CHECK FOR CLAIM ON	0	.388	403	15
				FUTURE RA'S.				
3404923	FIVE COUNTY MH	8505	1211	CLAIM DENIED DUE TO INSUFFICIE				
				NT BUDGET				
		0500	210	GLATH DENTED NO DVEGUE				
		8508	310	CLAIM DENIED NO BUDGET FOUND	0	1707	1791	84
!								
		8800	108	FURTHER PROCESSING NECESSARY,				
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
3404925	SANDHILLS CENTE	8505	8907	CLAIM DENIED DUE TO INSUFFICIE				
	R FOR MH/DD			NT BUDGET				
		0.00						
ļ		8508	1716	CLAIM DENIED NO BUDGET FOUND	8	12195	12680	485
		8800	1099	FURTHER PROCESSING NECESSARY,				
				PLEASE CHECK FOR CLAIM ON				
l				FUTURE RA'S.				
3404926	SOUTHEASTERN RE	8599	59	DETAIL NOT COVERED BY COMBINAT				
	G MENTAL HL			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		0526	41	ATTENDING PROVIDER TYPE AND SP				
		8536	41	ECIALTY COMBINATION IS NOT	3	188	3564	3376
				VALID FOR SUBMITTED BILLING PR				
		23	30	SERVICE REQUIRES PRIOR APPROVA				
				L				
			107	DETAIL NOT COVERED BY COMBINAT				
3404927	CUMBERLAND CO M	8599	107					
3404927	CUMBERLAND CO M HC	8599	107	ION OF RECIPIENT, PROVIDER AND				
3404927		8599	107	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404927		8599	49	BENEFIT PACKAGE.	A	A	444	2055
3404927					0	210	3066	2856
3404927				BENEFIT PACKAGE. CLAIM DENIED DUE TO INSUFFICIE	0	210	3066	2856
3404927				BENEFIT PACKAGE. CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	0	210	3066	2856
3404927				BENEFIT FACKAGE. CLAIM DENIED DUE TO INSUFFICIE NT BUDGET CLAIM DENIED ATTENDING PROVIDE	0	210	3066	2856
3404927		8505	49	EENEFIT FACKAGE. CLAIM DENIED DUE TO INSUFFICIE NT BUDGET CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS	0	210	3066	2856
3404927		8505	49	BENEFIT FACKAGE. CLAIM DENIED DUE TO INSUFFICIE NT BUDGET CLAIM DENIED ATTENDING PROVIDE	0	210	3066	2856
	HC	8505	49	SENSFIT FACKAGE. CLAIM DENIED DUE TO INSUFFICIE NT BUDGET CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LMA	0	210	3066	2856
3404927	IIC	8505	49	EENEFIT FACKAGE. CLAIM DENIED DUE TO INSUFFICIE NT BUDGET CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LWA CLIENT ID NUMBER MISSING OR IN	0	210	3066	2856
	HC	8505	49	BENEFIT FACKAGE. CLAIM DENIED DUE TO INSUFFICIE NT BUDGET CLAIM DENIED ATTENDING PROVIDE R CANSOT BE THE SAME AS THE LMA CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT	0	210	3066	2856
	IIC	8505	49	EENEFIT FACKAGE. CLAIM DENIED DUE TO INSUFFICIE NT BUDGET CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LWA CLIENT ID NUMBER MISSING OR IN	0	210	3066	2856
	IIC	8505	49	BENEFIT FACKAGE. CLAIM DENIED DUE TO INSUFFICIE NT BUDGET CLAIM DENIED ATTENDING PROVIDE R CANSOT BE THE SAME AS THE LMA CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT	0			
	IIC	8505 8329	14 81	EENEFIT FACKAGE. CLAIM DENIED DUE TO INSUFFICIE NT BUDGET CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LMA CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM	0	210		
	IIC	8505 8329	14 81	ENNEFIT FACKAGE. CLAIM DENIED DUE TO INSUFFICIE NT BUDGET CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LAG CLIENT ID NUMBER MISSING OR IN VALID. ENTRE CID AND SUBMIT AS A NEW CLAIM CLIENT NOT ELIGIBLE ON SERVICE	0			
	IIC	8505 8329 120	14 81 32	ENNEFIT FACKAGE. CLAIM DENIED DUE TO INSUFFICIE NT BUDGET CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LAWA CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM CLIENT NOT ELIGIBLE ON SERVICE DATE	0			
	IIC	8505 8329	14 81	ENNETT FACKAGE. CLAIM DENIED DUE TO INSUFFICIE NT BUDGET CLAIM DENIED ATTENDING PROVIDE R CANSOT BE THE SAME AS THE LMA CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM CLIENT NOT ELIGIBLE ON SERVICE DATE DETAIL NOT COVERED BY COMBINAT	0			
	IIC	8505 8329 120	14 81 32	ENNEFIT FACKAGE. CLAIM DENIED DUE TO INSUFFICIE NT BUDGET CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LWA CLIENT ID NUMBER MISSING OR IN VALID, ENTRE CEI AND SUBMIT AS A NEW CLAIM CLIENT NOT ELIGIBLE ON SERVICE DATE DETAIL NOT COVERED BY COMBINAT ION OF RECEPTENT, PROVIDER AND	0			
	IIC	8505 8329 120	14 81 32	ENNETT FACKAGE. CLAIM DENIED DUE TO INSUFFICIE NT BUDGET CLAIM DENIED ATTENDING PROVIDE R CANSOT BE THE SAME AS THE LMA CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM CLIENT NOT ELIGIBLE ON SERVICE DATE DETAIL NOT COVERED BY COMBINAT	0			
3404930	JOHNSTON COUNTY NNTL HLTHC	8329 8329 120	49 14 81 32	ENNETT FACKAGE. CLAIM DENIED DUE TO INSUFFICIE NT BUDGET CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LEAG. CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM CLIENT NOT ELIGIBLE ON SERVICE DATE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND ENNETT PACKAGE.	0			
	JOHNSTON COUNTY NOTE HETHE	8505 8329 120	14 81 32	ENNEFIT FACKAGE. CLAIM DENIED DUE TO INSUFFICIE NT SUDGET CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LWA CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM CLIENT NOT ELIGIBLE ON SERVICE DATE DETAIL NOT COVERED BY COMBINAT ION OF PECIFIENT, PROVIDER AND BENEFIT PACKAGE. CLAIM DENIED DUE TO INSUFFICIE	0			
3404930	JOHNSTON COUNTY NNTL HLTHC	8329 8329 120	49 14 81 32	ENNETT FACKAGE. CLAIM DENIED DUE TO INSUFFICIE NT BUDGET CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LEAG. CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM CLIENT NOT ELIGIBLE ON SERVICE DATE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND ENNETT PACKAGE.	0			
3404930	JOHNSTON COUNTY NOTE HETHE	8329 8329 120	49 14 81 32	ENNEFIT FACKAGE. CLAIM DENIED DUE TO INSUFFICIE NT SUDGET CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LWA CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM CLIENT NOT ELIGIBLE ON SERVICE DATE DETAIL NOT COVERED BY COMBINAT ION OF PECIFIENT, PROVIDER AND BENEFIT PACKAGE. CLAIM DENIED DUE TO INSUFFICIE	0			
3404930	JOHNSTON COUNTY NOTE HETHE	8329 8329 120	49 14 81 32	ENNETIT FACKAGE. CLAIM DENIED DUE TO INSUFFICIE NT BUDGET CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LAG CLIENT ID NUMBER MISSING OR IN VALID. BITHE CID AND SUBMIT AS A NEW CLAIM CLIENT NOT ELIGIBLE ON SERVICE DATE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENNETT PACKAGE. CLAIM DENIED DUE TO INSUFFICIE NT BUDGET DETAIL NOT COVERED BY COMBINAT		153	997	754
3404930	JOHNSTON COUNTY NOTE HETHE	8505 8329 120 11 8599	49 14 81 32 29	ENNETT FACKAGE. CLAIM DENIED DUE TO INSUFFICIE NT BUDGET CLAIM DENIED ATTENDING PROVIDE R CANDOT BE THE SAME AS THE LMA CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM CLIENT NOT ELIGIBLE ON SERVICE DATE DETAIL NOT COVERED BY COMBINAT ION OF PECTFERT, PROVIDER AND ENEMPT IT FACKAGE. CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	0		997	
3404930	JOHNSTON COUNTY NOTE HETHE	8505 8329 120 11 8599	49 14 81 32 29	ENNETIT FACKAGE. CLAIM DENIED DUE TO INSUFFICIE NT BUDGET CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LAG CLIENT ID NUMBER MISSING OR IN VALID. BITHE CID AND SUBMIT AS A NEW CLAIM CLIENT NOT ELIGIBLE ON SERVICE DATE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENNETT PACKAGE. CLAIM DENIED DUE TO INSUFFICIE NT BUDGET DETAIL NOT COVERED BY COMBINAT		153	997	754
3404930	JOHNSTON COUNTY NOTE HETHE	8505 8129 120 11 8599 8505	49 14 81 32 29 932	ENNEFIT FACKAGE. CLAIM DENIED DUE TO INSUFFICIE NT BUDGET CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LWA CLIENT ID NUMBER MISSING OR IN VALID, ENTER CID AND SUBMIT AS A NEW CLAIM CLIENT NOT ELIGIBLE ON SERVICE DATE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT FACKAGE. DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.		153	997	754
3404930	JOHNSTON COUNTY NOTE HETHE	8505 8329 120 11 8599	49 14 81 32 29	ENNETIT FACKAGE. CLAIM DENIED DUE TO INSUFFICIE NT BUDGET CLAIM DENIED ATTENDING PROVIDE R CANSOT BE THE SAME AS THE LMA CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM CLIENT NOT ELIGIBLE ON SERVICE DATE DETAIL NOT COVERED BY COMBINAT ION OF PECIFIENT, PROVIDER AND BENEFIT FACKAGE. CLAIM DENIED DUE TO INSUFFICIE NT BUDGET DETAIL NOT COVERED BY COMBINAT ON THE SAME SERVICE DATE CLAIM DENIED DUE TO INSUFFICIE NT BUDGET DETAIL NOT COVERED BY COMBINAT ON THE SAME SERVICE DETAIL NOT COVERED BY COMBINAT DETAIL NOT COVERED B		153	997	754
3404930	JOHNSTON COUNTY NOTE HETHE	8505 8129 120 11 8599 8505	49 14 81 32 29 932	ENNEFIT FACKAGE. CLAIM DENIED DUE TO INSUFFICIE NT BUDGET CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LWA CLIENT ID NUMBER MISSING OR IN VALID, ENTER CID AND SUBMIT AS A NEW CLAIM CLIENT NOT ELIGIBLE ON SERVICE DATE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT FACKAGE. DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.		153	997	754

				T	I		TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404933	SOUTHEASTERN CT	0	0	*** NO DATA TO REPORT ***				
	R FOR MH/DD							
		0	0		0	0	0	0
3404934	ONSLOW CARTERET	8599	86	DETAIL NOT COVERED BY COMBINAT				
	BEHAV HEAL			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8518	76	*CLAIM DENIED. SUBMITTED BEYO				1251
		0310	7.0	ND TIMELY FILING LIMIT	0	352	1603	1251
				IN EFFECT FOR THIS FISCAL YEAR				
		8534	58	SERVICE FACILITY LOCATION IS N				
		0334	36	OT A VALID IPRS ATTENDING				
				PROVIDER, OR THE NPI SUBMITTED				
2404025			0	AAA NO DAWN WO DUDODW AAA				
3404935	WAYNE CO MENTAL HEALTH CTR	0	0	*** NO DATA TO REPORT ***				
	HEALTH CIR							
		0	0		0	0	0	0
3404936	THE BEACON CENT	0	0	*** NO DATA TO REPORT ***				
	ER	ļ						
	1							-
		0	0	<u> </u>	0	0	0	0
							, and the second	
2404027		9500	21	DETAIL NOT COMPED BY COMPANY				
3404937	THE BEACON CENT ER	8599	31	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND				
	ann			BENEFIT PACKAGE.				
		-						
		0	0		0	31	3212	3181
3404939	EAST CAROLINA B	8505	3580	CLAIM DENIED DUE TO INSUFFICIE				
	EHAVIORAL H			NT BUDGET				
		8800	264	FURTHER PROCESSING NECESSARY,	0	4050	4498	448
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
		21	82	DUPLICATE OF CLAIM-SYSTEM				
3404941	EAST CAROLINA B	0	0	*** NO DATA TO REPORT ***				
	EHAVIORAL H		_					
		0	0					
		o .	0		0	0	0	0
3404942	EAST CAROLINA B	0	0	*** NO DATA TO REPORT ***				
	EHAVIORAL H							
		0	0		0	0	0	0
		1						
3404943	ALBEMARLE MENTA	5404	109	SEVERE DUPLICATE: SAME ATTD PR				
	L HEALTH CE			OV/PCODE/TOS/DOS/MOD				
		8564	39	SERVICE EXCEEDS THE ALLOWABLE	2	267	3967	3700
				OF ONE OCCURRENCE WITHIN AN	3	267	3967	3700
				ELIGIBILITY PERIOD.				
		10	31	DIAGNOSIS OR SERVICE INVALID F				-
				OR CLIENT AGE. VERIFY CID,				
				DIAGNOSIS, PROCEDURE CODE FOR				
240404:		2000	50					
3404944	EASTPOINTE HUMA	8000	60	NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL				
	N SERVICES		<u> </u>					
		79	31	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING	0	117	5452	5335
		-	 	YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN				
		8599	8	DETAIL NOT COVERED BY COMBINAT				
	-	-	-	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				-
	+	<u> </u>						
3404946	FOOTHILLS AREAM	8534	7	SERVICE FACILITY LOCATION IS N				
	ENTAL HEALT	ļ		OT A VALID IPRS ATTENDING				
	1			PROVIDER, OR THE NPI SUBMITTED				-
	1	8508	7	CLAIM DENIED NO BUDGET FOUND	0	20	1450	1430
					_			
		1						
		143	3	CLIENT ID NUMBER NOT ON STATE				
				ELIGIBILITY FILE				